## Case 16-10663 Doc 1 Filed 03/29/16 Entered 03/29/16 13:01:20 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

B 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | Angelique<br>First name                                | First name                                    |
|     | license or passport).   | Middle name  | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.   | Herbert-Lynch Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   | Angelique Herbert                                      |   |
|     | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6281  |   |

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Debtor 1 Angelique Herbert-Lynch

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 744 S Kostner   | If Debtor 2 lives at a different address:  |
|    |  | Chicago, IL 60624  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

|          |                         | Document | Page 3 of 50 |                        |  |
|----------|-------------------------|----------|--------------|------------------------|--|
| Debtor 1 | Angelique Herbert-Lynch |          | 3            | Case number (if known) |  |

| Par | Tell the Court About  | Your B                   | ankruptcy Ca                      | se                                 |  |   |   |
|-----|---|--------------------------|-----------------------------------|------------------------------------|--|---|---|
| 7.  | The chapter of the Bankruptcy Code you are  | Chec<br>(Form            |                                   |                                    | of each, see <i>Notice Required by</i> f page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.   |   |
|     | choosing to file under  | ☐ Chapter 7 ☐ Chapter 11 |                                   |                                    |  |   |   |
|     |   |                          |                                   |                                    |  |   |   |
|     |   | □с                       | hapter 12                         |                                    |  |   |   |
|     |   | <b>■</b> C               | hapter 13                         |                                    |  |   |   |
|     | Hamman will manches for   |                          | Lucill many tha                   | antina faa uula                    | an I file man metition. Discourse  |   | _ |
| 5.  | How you will pay the fee  | •                        | about how yo                      | u may pay. Typ<br>attorney is subr | ically, if you are paying the fee yo                                     | k with the clerk's office in your local court for more details<br>burself, you may pay with cash, cashier's check, or money<br>alf, your attorney may pay with a credit card or check with  | , |
|     |   |                          |                                   |                                    | tallments. If you choose this options (Official Form 103A).              | on, sign and attach the Application for Individuals to Pay  |   |
|     |   |                          | but is not req<br>that applies to | uired to, waive your family size   | your fee, and may do so only if yo<br>ze and you are unable to pay the   | n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line fee in installments). If you choose this option, you must fill Official Form 103B) and file it with your petition. |   |
|     |   |                          |                                   |                                    |  |   | _ |
| €.  | Have you filed for bankruptcy within the  | ■ No                     | ).                                |                                    |  |   |   |
|     | last 8 years?   | □ Ye                     | es.                               |                                    |  |   |   |
|     |   |                          | District                          |                                    | When   | Case number   | _ |
|     |   |                          | District                          |                                    | When   | Case number   | _ |
|     |   |                          | District                          |                                    | When   | Case number   | _ |
| 10. | Are any bankruptcy  | ■ No                     | )                                 |                                    |  |   |   |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an | □Ye                      | es.                               |                                    |  |   |   |
|     | affiliate?  |                          |                                   |                                    |  |   |   |
|     |   |                          | Debtor                            |                                    |  | Relationship to you   | _ |
|     |   |                          | District                          |                                    | When   | Case number, if known   | _ |
|     |   |                          | Debtor                            |                                    |  | Relationship to you   | _ |
|     |   |                          | District                          |                                    | When   | Case number, if known   | - |
| 11. | Do you rent your residence?   | ■ No                     | Go to l                           | ine 12.                            |  |   | _ |
|     |   | □ Ye                     | es. Has yo                        | ur landlord obta                   | ained an eviction judgment agains  | t you and do you want to stay in your residence?  |   |
|     |   |                          |                                   | No. Go to line                     | 12.  |   |   |
|     |   |                          |                                   | Yes. Fill out Inc. bankruptcy pet  |  | Judgment Against You (Form 101A) and file it with this  |   |
|     |   |                          |                                   |                                    |  |   |   |

| Deb | otor 1 Angelique Herber   | t-Lynch               |                 | Document Page 4 of  | Case number (if known)  |
|-----|---|-----------------------|-----------------|---|---|
| Par | t 3: Report About Any Bu  | sinesses              | You Own         | as a Sole Proprietor  |   |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                 | Go to           | Part 4.   |   |
|     |   | ☐ Yes.                | Name            | and location of business  |   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Name            | of business, if any   |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                       | Numb            | r, Street, City, State & ZIP Code   |   |
|     | it to this petition.  |                       | Check           | the appropriate box to describe your busine   | ess:  |
|     |   |                       |                 | Health Care Business (as defined in 11 U.S  | S.C. § 101(27A))  |
|     |   |                       |                 | Single Asset Real Estate (as defined in 11  | U.S.C. § 101(51B))  |
|     |   |                       |                 | Stockbroker (as defined in 11 U.S.C. § 101  | I (53A))  |
|     |   |                       |                 | Commodity Broker (as defined in 11 U.S.C  | C. § 101(6))  |
|     |   |                       |                 | None of the above   |   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline<br>operation | s. If you ir    | licate that you are a small business debtor, w statement, and federal income tax return | r you are a small business debtor so that it can set appropriate you must attach your most recent balance sheet, statement or or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.                 | I am r          | ot filing under Chapter 11.   |   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                 | I am f<br>Code. | ng under Chapter 11, but I am NOT a sma   | Il business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.                | I am f          | ng under Chapter 11 and I am a small busi   | iness debtor according to the definition in the Bankruptcy Code   |
| Par | t 4: Report if You Own or   | Have An               | y Hazardo       | s Property or Any Property That Needs I   | Immediate Attention   |
| 14. | Do you own or have any  | ■ No.                 |                 |   |   |
|     | property that poses or is alleged to pose a threat  | □ Yes.                |                 |   |   |
|     | of imminent and identifiable hazard to public health or safety?   | □ Tes.                | What is         | ne hazard?  |   |
|     | Or do you own any<br>property that needs<br>immediate attention?  |                       |                 | ate attention is<br>why is it needed?   |   |

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Angelique Herbert-Lynch

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## Explain Your Efforts to Receive a Briefing About Credit Counseling

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l a | am not required to | receive a | briefing | about | credit |
|-----|--------------------|-----------|----------|-------|--------|
| C   | ounseling because  | of.       |          |       |        |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 50 Case number (if known) Debtor 1 **Angelique Herbert-Lynch** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Angelique Herbert-Lynch Signature of Debtor 2 Angelique Herbert-Lynch Signature of Debtor 1

Executed on

March 29, 2016

MM / DD / YYYY

Executed on

MM / DD / YYYY

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Debtor 1 Angelique Herbert-Lynch Page 7 0T 50

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|                        | W Fernandez<br>Attorney for Debtor | Date          | March 29, 2016<br>MM / DD / YYYY |
|------------------------|------------------------------------|---------------|----------------------------------|
| Bennie W               | Fernandez                          |               |                                  |
| Firm name              | z & Associates                     |               |                                  |
| 108 Madis<br>Oak Park, | * · · ·                            |               |                                  |
| Number, Street,        | City, State & ZIP Code             |               |                                  |
| Contact phone          | 708-386-1812                       | Email address | bennie161@sbcglobal.net          |
| Bar number & S         | tate                               |               | <u> </u>                         |

|                     |                          | Docume            | ent Page 8 of 5 | 0 |                                      |
|---------------------|--------------------------|-------------------|-----------------|---|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                 |   |                                      |
| Debtor 1            | Angelique Herbe          | rt-Lynch          |                 |   |                                      |
|                     | First Name               | Middle Name       | Last Name       |   |                                      |
| Debtor 2            |                          |                   |                 |   |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |   |                                      |
| Case number _       |                          |                   |                 |   | ☐ Check if this is an amended filing |
|                     |                          |                   |                 |   | umenada ming                         |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |   | Your as     | ssets                  |
|-----|---|-------------|------------------------|
|     |   |             | f what you own         |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                   |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 6,775.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 6,775.00               |
| Par | t 2: Summarize Your Liabilities   |             |                        |
|     |   |             | abilities<br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$          | 0.00                   |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 0.00                   |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 37,204.63              |
|     | Your total liabilities  | \$          | 37,204.63              |
| Par | t 3: Summarize Your Income and Expenses   |             |                        |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 1,265.84               |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 1,175.96               |
| Par | t 4: Answer These Questions for Administrative and Statistical Records  |             |                        |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other so | chedules.              |
| 7.  | ■ Yes What kind of debt do you have?  |             |                        |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | ı personal  | , family, or           |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Angelique Herbert-Lynch

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |    |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

1,134.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clain | 1    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Case 16-10663 Doc 1 Filed 03/29/16 Entered 03/29/16 13:01:20 Desc Main Document Page 10 of 50 Fill in this information to identify your case and this filing: Debtor 1 **Angelique Herbert-Lynch** Middle Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: Malibu Model Debtor 1 only Creditors Who Have Claims Secured by Property. 2004 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 117000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$4,775.00 \$4,775.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,775.00

pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

|                            | Case 10                                       | Document Page 11 of 50   | Desc Main  |
|----------------------------|---|--|--|
| Debtor 1                   | Angelique                                     | Herbert-Lynch Case number (if known)   |  |
| Yes                        | s. Describe                                   |  | <b>\$4</b> 500 00  |
|                            |   | Misc Household Items   | \$1,500.00   |
| _ = .                      |   |  |  |
| 7. <b>Electro</b><br>Examp | oles: Televisions                             | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games      | collections; electronic devices  |
| ■ No<br>□ Yes              | s. Describe                                   |  |  |
| Examp                      |   | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir<br>tions, memorabilia, collectibles | n, or baseball card collections;   |
| ■ No<br>□ Yes              | s. Describe                                   |  |  |
| Exam <sub>i</sub><br>■ No  | ment for sports ples: Sports, pho musical ins | tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;   |
|                            |   |  |  |
| ■ No                       |   | es, shotguns, ammunition, and related equipment  |  |
| □ res                      | s. Describe                                   |  |  |
| 11. Cloth Exan  □ No       |   | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| _                          | s. Describe                                   |  |  |
|                            |   | Misc Wearing Apparel   | \$500.00   |
|                            |   |  |  |
| 12. <b>Jewe</b> l          |   | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   | gold, silver   |
| ■ No                       | , , ,   |  | <b>3</b> - 1, -  |
| ☐ Yes                      | s. Describe                                   |  |  |
| 13. <b>Non-f</b>           | farm animals                                  |  |  |
| _                          | nples: Dogs, cats                             | s, birds, horses   |  |
| ■ No<br>□ Yes              | s. Describe                                   |  |  |
| 14. <b>Any o</b><br>■ No   | other personal a                              | nd household items you did not already list, including any health aids you did not list  |  |
|                            | s. Give specific i                            | nformation   |  |
|                            |   | e of all of your entries from Part 3, including any entries for pages you have attached t number here                                    | \$2,000.00   |
| Part 4: D                  | escribe Your Fina                             | ncial Assets   |  |
| Do you o                   | own or have any                               | legal or equitable interest in any of the following?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>Cash</b>            |   |  |  |
| Exan<br>■ No               | nples: Money you                              | u have in your wallet, in your home, in a safe deposit box, and on hand when you file your petit   | ion  |

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Case number (if known)

17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No Institution name: ☐ Yes..... 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured

Debtor 1

**Angelique Herbert-Lynch** 

claims or exemptions.

| De  | btor 1         | Angelique Herbert-Lynch   | Document                 | Page 13 of 50  Case number (if known)                 |                            |
|-----|----------------|---|--------------------------|---|----------------------------|
| 28. | Tax re         | funds owed to you   |                          |   |                            |
|     | ■ No           | •   |                          |   |                            |
|     | ☐ Yes.         | Give specific information about them, inclu   | ding whether you alre    | ady filed the returns and the tax years               |                            |
|     |                |   |                          |   |                            |
| 29. |                | r <mark>support</mark><br>n/as: Past due or lump sum alimony, spous                                     | al support child supp    | ort, maintenance, divorce settlement, propert         | / settlement               |
|     | ■ No           | orec. I det dae er iding eant aiimeny, epode  | ar support, orma supp    | or, maintenance, arveree contement, propert           | Comonicin                  |
|     | ☐ Yes.         | Give specific information   |                          |   |                            |
|     |                |   |                          |   |                            |
| 30. |                |   |                          | efits, sick pay, vacation pay, workers' compe         | nsation, Social Security   |
|     | ■ No           | benefits; unpaid loans you made to so   | meone else               |   |                            |
|     |                | Give specific information   |                          |   |                            |
| 31. | Interes        | sts in insurance policies   |                          |   |                            |
|     | _Exam          |   | alth savings account (   | HSA); credit, homeowner's, or renter's insura         | nce                        |
|     | ■ No<br>□ Yes. | Name the insurance company of each police   | cv and list its value.   |   |                            |
|     |                | Company name:   | ,                        | Beneficiary:  | Surrender or refund value: |
| 22  | Any in         | terest in property that is due you from so  | omaana wha haa dia       | a   | value.                     |
| JZ. | If you         | are the beneficiary of a living trust, expect p   |                          | u<br>surance policy, or are currently entitled to rec | eive property because      |
|     | somed No       | one has died.   |                          |   |                            |
|     |                | Give specific information   |                          |   |                            |
| 22  | Claim          |   | u baya filad a lawawi    | t as made a demand for no most                        |                            |
| აა. |                | s against third parties, whether or not your oles: Accidents, employment disputes, insu                 |                          |   |                            |
|     | ■ No           | Describe and plains   |                          |   |                            |
|     |                | Describe each claim   |                          |   |                            |
|     | Other No       | contingent and unliquidated claims of ev  | ery nature, includin     | g counterclaims of the debtor and rights t            | o set off claims           |
|     | _              | Describe each claim   |                          |   |                            |
| 35. | Any fir        | nancial assets you did not already list   |                          |   |                            |
|     | ■ No           | •   |                          |   |                            |
|     | ☐ Yes.         | Give specific information   |                          |   |                            |
| 36  |                | the dollar value of all of your entries fron  |                          |   | \$0.00                     |
|     | for P          | art 4. Write that number here   |                          |   | <del></del>                |
| Pai | rt 5: De       | scribe Any Business-Related Property You Ow   | n or Have an Interest In | List any real estate in Part 1.                       |                            |
| 37. | Do you         | own or have any legal or equitable interest in a  | ny business-related pro  | perty?  |                            |
| ı   | No. Go         | o to Part 6.  |                          |   |                            |
|     | ☐ Yes. (       | Go to line 38.  |                          |   |                            |
|     |                |   |                          |   |                            |
| Pai |                | scribe Any Farm- and Commercial Fishing-Relation out own or have an interest in farmland, list it in Pa |                          | or Have an Interest In.                               |                            |
| 46  |                | ı own or have any legal or equitable inte   |                          | commercial fishing-related property?                  |                            |
|     |                | Go to Part 7.   |                          | g. Jakou proporty                                     |                            |
|     | ☐ Yes          | Go to line 47.  |                          |   |                            |

Current value of the portion you own?
Do not deduct secured claims or exemptions. page 4

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Case number (if known) Document Debtor 1 **Angelique Herbert-Lynch** 

| Part | 7: Describe All Property You Own or Have an Interest in That You Did   | d Not Li | st Above   |                        |       |            |
|------|--|----------|------------|------------------------|-------|------------|
|      | Do you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership | st?      |            |                        |       |            |
| _    | No   |          |            |                        |       |            |
| _    | Yes. Give specific information   |          |            |                        |       |            |
| 54.  | Add the dollar value of all of your entries from Part 7. Write   | that n   | umber here |                        |       | \$0.00     |
| Part | 8: List the Totals of Each Part of this Form   |          |            |                        |       |            |
| 55.  | Part 1: Total real estate, line 2  |          |            |                        |       | \$0.00     |
|      |  |          | \$4,775.00 |                        |       |            |
| 57.  | Part 3: Total personal and household items, line 15  |          | \$2,000.00 |                        |       |            |
| 58.  | Part 4: Total financial assets, line 36  |          | \$0.00     |                        |       |            |
| 59.  | Part 5: Total business-related property, line 45   |          | \$0.00     |                        |       |            |
| 60.  | Part 6: Total farm- and fishing-related property, line 52  |          | \$0.00     |                        |       |            |
| 61.  | Part 7: Total other property not listed, line 54   | +        | \$0.00     |                        |       |            |
| 62.  | <b>Total personal property.</b> Add lines 56 through 61  |          | \$6,775.00 | Copy personal property | total | \$6,775.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62   |          |            |                        |       | \$6,775.00 |

Official Form 106A/B Schedule A/B: Property page 5

|                          |   | Case 16-10663  | Doc 1                                     | Filed 03/29/1<br>Document   | L6 Entered (<br>Page 15 of  | )3/29/16 13:01:20<br><u>f 50</u>   | Desc Main   |
|--------------------------|---|--|---|---|---|--|---|
| FI                       | ll in this i                                      | nformation to identify yo  | our case:                                 |   |   |  |   |
| De                       | ebtor 1   | Angelique Her  |   |   |   |  |   |
| Do                       | ebtor 2   | First Name   | Mic                                       | ddle Name   | Last Name   |  |   |
| 1 -                      | ouse if, filing                                   | First Name   | Mic                                       | ddle Name   | Last Name   |  |   |
| Ur                       | nited State                                       | s Bankruptcy Court for the   | e: NORTH                                  | IERN DISTRICT OF  | ILLINOIS  |  |   |
| Ca                       | ase numbe   | er   |   |   |   |  |   |
| (if k                    | known)  |  |   |   |   |  | Check if this is an amended filing  |
| $\bigcirc$               | fficial   | Form 106C  |   |   |   |  |   |
|                          |   |  | <b></b>                                   | h   | ·! <b>-</b>   |  |   |
| <u>5</u>                 | cnea  | ule C: The P   | roper                                     | ty You Cla  | im as exe   | empt   | 12/15   |
| the<br>nee               | property yeded, fill ou                           | ou listed on Schedule A/l  | B: Property (                             | Official Form 106A/B  | ) as your source, list  | the property that you clair  | oplying correct information. Using<br>n as exempt. If more space is<br>tional pages, write your name  |
| spe<br>any<br>fun<br>exe | ecific doll<br>/ applicab<br>ds—may<br>emption to | ar amount as exempt. A<br>le statutory limit. Some<br>be unlimited in dollar a | Iternatively,<br>exemptions<br>mount. How | you may claim the second may claim the second as those for ever, if you claim are | full fair market valu<br>r health aids, rights<br>n exemption of 100° | e of the property being e<br>to receive certain benef<br>% of fair market value un | way of doing so is to state a exempted up to the amount of its, and tax-exempt retirement der a law that limits the ur exemption would be limited |
| Pa                       | rt 1: Id  | entify the Property You  | Claim as Ex                               | empt  |   |  |   |
| 1.                       | Which s   | et of exemptions are yo  | u claiming?                               | Check one only, eve   | en if your spouse is f  | iling with you.  |   |
|                          | ■ You a   | re claiming state and fede   | eral nonbank                              | ruptcy exemptions.  | 11 U.S.C. § 522(b)(3  | 3)   |   |
|                          | ☐ You a   | re claiming federal exemp  | otions. 11 U                              | .S.C. § 522(b)(2)   |   |  |   |
| 2.                       | For any   | property you list on Sch   | nedule A/B tl                             | hat you claim as exc  | empt, fill in the info  | rmation below.   |   |
|                          |   | cription of the property and A/B that lists this property                      |   | Current value of the portion you own  | Amount of the exen  | nption you claim Spe   | cific laws that allow exemption   |
|                          |   |  |   | Copy the value from<br>Schedule A/B   | Check only one box  | for each exemption.  |   |

Misc Household Items 735 ILCS 5/12-1001(b) \$1,500.00 \$1,500.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit **Misc Wearing Apparel** 735 ILCS 5/12-1001(a) \$500.00 \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

\$4,775.00

□ No □ Yes

2004 Chevrolet Malibu 117000 miles

Line from Schedule A/B: 3.1

735 ILCS 5/12-1001(c)

\$2,400.00

100% of fair market value, up to any applicable statutory limit

|                     |                          | Docume            | T ddC 10 01 30 |  |
|---------------------|--------------------------|-------------------|----------------|--|
| Fill in this infor  | rmation to identify your | case:             |                |  |
| Debtor 1            | Angelique Herbe          | rt-Lynch          |                |  |
|                     | First Name               | Middle Name       | Last Name      |  |
| Debtor 2            |                          |                   |                |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |  |
| Case number         |                          |                   |                |  |
| (if known)          |                          |                   |                |  |
|                     |                          |                   |                |  |

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   |  |  |   | Document  | Page  | 17 of 50   |   |  |
|---|--|--|---|---|---|--|---|--|
| Fill in   | this information   | to identify your   | case:   |   |   |  |   |  |
| Debto   | r1 <b>Δn</b>   | gelique Herber   | t-l vnch  |   |   |  |   |  |
| Dobto   |  | Name   |   | e Name  | Last Name   |  |   |  |
| Debto   |  |  |   |   |   |  |   |  |
| (Spouse   | e if, filing) First  | Name   | Middle  | e Name  | Last Name   |  |   |  |
| United  | States Bankrupto   | cy Court for the:  | NORTHE  | RN DISTRICT OF IL   | LINOIS  |  |   |  |
| 0   |  |  |   |   |   |  |   |  |
| (if know  | number<br>n)   |  |   | _   |   |  | ☐ Check if this   | is an                                    |
|   |  |  |   |   |   |  | amended filin   |  |
|   |  |  |   |   |   |  |   |  |
| Offic   | <u>ial Form 10</u>   | 06E/F  |   |   |   |  |   |  |
| Sch   | edule E/F:   | <b>Creditors</b>   | Who H   | ave Unsecu  | red Cla   | aims   |   | 12/15                                    |
| any exe<br>Schedu<br>D: Cred<br>the Con<br>number<br>Part 1 | cutory contracts or<br>le G: Executory Co<br>litors Who Have Cla<br>tinuation Page to the<br>(if known). | r unexpired leases to<br>ntracts and Unexpi<br>ilms Secured by Pro-<br>nis page. If you hav<br>our PRIORITY Un | hat could res<br>red Leases (0<br>operty. If mor<br>e no informan<br>secured CI | sult in a claim. Also li<br>Official Form 106G). D<br>re space is needed, co<br>tion to report in a Par<br>aims | ist executory<br>To not include<br>opy the Part y | Part 2 for creditors with NONPRIORITY contracts on Schedule A/B: Property (O e any creditors with partially secured cla you need, fill it out, number the entries in that Part. On the top of any additional particular in the contract of the | fficial Form 106A/B<br>ims that are listed in<br>the boxes on the l | B) and on<br>in Schedule<br>left. Attach |
| 1.  | Do any creditors h   | ave priority unsecu  | red claims a  | gainst you?   |   |  |   |  |
|   | No. Go to Part 2   | <u>.</u>   |   |   |   |  |   |  |
| Part 2  | Yes.   | our NONPRIORIT   | Y Unsecure  | ed Claims   |   |  |   |  |
|   | Do any creditors h   |  |   |   |   |  |   |  |
|   | ☐ No. You have no  | othing to report in this   | s part. Submit  | this form to the court v  | vith your other                                   | schedules.   |   |  |
|   | _  | 3 1  | •   |   | •   |  |   |  |
|   | Yes.   |  |   |   |   |  |   |  |
| 4.  | unsecured claim, lis   | t the creditor separa  | tely for each o   | claim. For each claim lis   | sted, identify w                                  | who holds each claim. If a creditor has m<br>what type of claim it is. Do not list claims alr<br>than three nonpriority unsecured claims fill  | eady included in Par  | rt 1. If more                            |
|   | 2.   |  |   |   |   |  | Total claim   |  |
| 4.1   | Accelerated I  | Financial  |   | Last 4 digits of accou  | unt number  | 4761   | \$  | 940.00                                   |
|   | Priority Creditor's  | Name   |   | -   |   |  |   |  |
|   | 39 Monette P<br>Smithfield, V  |  |   | When was the debt in  | ncurred?  | Opened 8/03/12 Last<br>Active 10/01/09   |   |  |
|   | Number Street Cit  |  |   | As of the date you fil  | e, the claim i                                    | s: Check all that apply  |   |  |
|   |  | e debt? Check one.   |   | ☐ Contingent  |   |  |   |  |
|   | ■ Debtor 1 only  |  |   | <b>—</b> Contingent   |   |  |   |  |
|   | Debtor 2 only  |  |   | ☐ Unliquidated  |   |  |   |  |
|   | _  |  |   | _   |   |  |   |  |
|   | Debtor 1 and D   | •  |   | ☐ Disputed  | TV  | 1 alabar   |   |  |
|   | _  | the debtors and ano  |   | Type of NONPRIORIT  | I Y unsecured                                     | i claim:   |   |  |
|   | ☐ Check if this of debt  | claim is for a comn  | nunity  | ☐ Student loans   |   |  |   |  |
|   | Is the claim subje   | ect to offset?   |   | Obligations arising not report as priority cl   |   | ration agreement or divorce that you did   |   |  |
|   | ■ No   |  |   | ☐ Debts to pension o  | or profit-sharin                                  | g plans, and other similar debts   |   |  |
|   | ☐ Yes  |  |   | Other. Specify  | Collec<br>Lea                                     | ction Attorney Aarons Sales An   | d<br>   |  |
| 4.2   | American Ac<br>Company   | cess Casualty  |   | Last 4 digits of accou  | unt number  |  | \$  | 764.39                                   |
|   | Priority Creditor's  | Name   |   |   |   |  |   |  |

Official Form 106 E/F

When was the debt incurred?

1S450 Summit Ave

Villa Park, IL 60181

Suite 230

| Debto | Case 16-10663 Doc 1   |  | ered 03/29/16 13:01:20<br>18 of 50<br>Case number (if know) | Desc Main |          |
|-------|---|--|---|-----------|----------|
|       | Number Street City State Zlp Code                               | As of the date you file, the claim                               | is: Check all that apply                                    |           |          |
|       | Who incurred the debt? Check one.                               | ☐ Contingent   |   |           |          |
|       | ■ Debtor 1 only   |  |   |           |          |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |           |          |
|       | ☐ Debtor 1 and Debtor 2 only                                    | ☐ Disputed   |   |           |          |
|       | $\square$ At least one of the debtors and another               | Type of NONPRIORITY unsecure                                     | d claim:  |           |          |
|       | ☐ Check if this claim is for a community debt                   | ☐ Student loans  |   |           |          |
|       | Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did                   |           |          |
|       | ■ No  | Debts to pension or profit-sharing                               | ng plans, and other similar debts                           |           |          |
|       | Yes   | Other. Specify   |   |           |          |
| 4.3   | Cci   | Last 4 digits of account number                                  | 5073  | \$        | 1,037.00 |
|       | Priority Creditor's Name Contract Callers I 501 Green St 3rd F  | When was the debt incurred?                                      | Opened 12/11/12 Last<br>Active 9/01/10                      |           |          |
|       | Augusta, GA 30901  Number Street City State Zlp Code            | As of the date you file, the claim                               | is: Check all that apply                                    |           |          |
|       | Who incurred the debt? Check one.                               | ☐ Contingent   |   |           |          |
|       | Debtor 1 only   | cogo   |   |           |          |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |           |          |
|       | ☐ Debtor 1 and Debtor 2 only                                    | ☐ Disputed   |   |           |          |
|       | ☐ At least one of the debtors and another                       | Type of NONPRIORITY unsecure                                     | d claim:  |           |          |
|       | ☐ Check if this claim is for a community debt                   | ☐ Student loans  |   |           |          |
|       | Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did                   |           |          |
|       | ■ No  | Debts to pension or profit-sharing                               | ng plans, and other similar debts                           |           |          |
|       | Yes   | ■ Other. Specify Colle   | ction 10 Comed  |           |          |
| 1.4   | City of Chicago   | Last 4 digits of account number                                  |   | \$        | 6,087.80 |
|       | Priority Creditor's Name  Department of Revenue  P.O. Box 88292 | When was the debt incurred?                                      |   |           |          |
|       | Chicago, IL 60680-1292<br>Number Street City State Zlp Code     | As of the date you file, the claim                               | is: Check all that apply                                    |           |          |
|       | Who incurred the debt? Check one.                               | ☐ Contingent   |   |           |          |
|       | ■ Debtor 1 only   |  |   |           |          |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |           |          |
|       | ☐ Debtor 1 and Debtor 2 only                                    | ☐ Disputed   |   |           |          |
|       | $\square$ At least one of the debtors and another               | Type of NONPRIORITY unsecure                                     | d claim:  |           |          |
|       | ☐ Check if this claim is for a community debt                   | ☐ Student loans  |   |           |          |
|       | Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did                   |           |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing                             | ng plans, and other similar debts                           |           |          |
|       | Yes   | Other. Specify   |   |           |          |
| 1.5   | City of Chicago   | Local A digita of account number                                 |   | Ф.        | 4 092 44 |

Priority Creditor's Name

Case 16-10663 Doc 1 Filed 03/29/16 Entered 03/29/16 13:01:20 Desc Main Page 19 of 50 Document Debtor 1 Angelique Herbert-Lynch Case number (if know) When was the debt incurred? **Department of Revenue** P.O. Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 7535 464.00 **Convergent Outsourcing** Last 4 digits of account number Priority Creditor's Name Opened 7/28/14 Last 800 Sw 39th St When was the debt incurred? Active 6/01/12 Renton, WA 98057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Collection Attorney Comcast** Other. Specify 4.7 Dept Of Ed/Navient 1215 6,269.00 Last 4 digits of account number \$ Priority Creditor's Name Opened 12/15/14 Last Po Box 9635 When was the debt incurred? Active 2/01/16 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt

■ No □ Yes not report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did

☐ Debts to pension or profit-sharing plans, and other similar debts

**Employment** 

Is the claim subject to offset?

Document Page 20 of 50 Debtor 1 Angelique Herbert-Lynch Case number (if know) 4.8 4,500.00 **Dept Of Ed/Navient** 1215 Last 4 digits of account number \$ Priority Creditor's Name Opened 12/15/14 Last Po Box 9635 When was the debt incurred? Active 2/01/16 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Employment** Other. Specify 4.9 3,500.00 **Dept Of Ed/Navient** 0211 Last 4 digits of account number \$ Priority Creditor's Name Opened 2/11/14 Last Po Box 9635 When was the debt incurred? Active 2/01/16 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Is the claim subject to offset?  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

4.10 Dept Of Ed/Navient

☐ Yes

Priority Creditor's Name

Po Box 9635 Wilkes Barre, PA 18773

Number Street City State Zlp Code

Last 4 digits of account number

Other. Specify

0211

**Employment** 

Opened 2/11/14 Last Active 2/01/16

When was the debt incurred? Active 2/0

As of the date you file, the claim is: Check all that apply

6,428.00

\$

| Debto | Case 16-10663 Doc 1  Angelique Herbert-Lynch       | Filed 03/29/16<br>Document I                          |                | red 03/29/16 13:01:20<br>21 of 50<br>Case number (if know) | Desc Main |        |
|-------|--|---|----------------|--|-----------|--------|
|       | Who incurred the debt? Check one.                  | По и  |                |  |           |        |
|       | Debtor 1 only                                      | ☐ Contingent  |                |  |           |        |
|       | Debtor 2 only                                      | ☐ Unliquidated  |                |  |           |        |
|       | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |                |  |           |        |
|       | ☐ At least one of the debtors and another          | Type of NONPRIORITY u                                 | insecured      | I claim:   |           |        |
|       | ☐ Check if this claim is for a community debt      | ☐ Student loans                                       |                |  |           |        |
|       | Is the claim subject to offset?                    | Obligations arising out not report as priority claims |                | ration agreement or divorce that you did                   |           |        |
|       | ■ No   | Debts to pension or pro                               | ofit-sharin    | g plans, and other similar debts                           |           |        |
|       | Yes  | Other. Specify  | Emplo          | yment  |           |        |
| 4.11  | Diversified Consultant                             | Last 4 digits of account i                            | number         | 8688   | \$        | 651.00 |
|       | Priority Creditor's Name                           |   |                | Opened 12/03/15 Last                                       |           |        |
|       | 10550 Deerwood Park Blvd<br>Jacksonville, FL 32256 | When was the debt incur                               | rred?          | Active 10/01/15  |           |        |
|       | Number Street City State Zlp Code                  | As of the date you file, the                          | ne claim is    | s: Check all that apply                                    |           |        |
|       | Who incurred the debt? Check one.                  | ☐ Contingent  |                |  |           |        |
|       | Debtor 1 only                                      |   |                |  |           |        |
|       | ☐ Debtor 2 only                                    | ☐ Unliquidated  |                |  |           |        |
|       | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |                |  |           |        |
|       | At least one of the debtors and another            | Type of NONPRIORITY u                                 | insecured      | I claim:   |           |        |
|       | ☐ Check if this claim is for a community debt      | ☐ Student loans                                       |                |  |           |        |
|       | Is the claim subject to offset?                    | Obligations arising out not report as priority claims |                | ration agreement or divorce that you did                   |           |        |
|       | No   | Debts to pension or pro                               | ofit-sharin    | g plans, and other similar debts                           |           |        |
|       | Yes  | Other. Specify  | Collec         | tion Attorney Comcast                                      |           |        |
| 4.12  | Enhanced Recovery Co L                             | Last 4 digits of account i                            | number         | 1487   | \$        | 744.00 |
|       | Priority Creditor's Name                           |   |                | Opened 4/15/13 Last  |           |        |
|       | 8014 Bayberry Rd<br>Jacksonville, FL 32256         | When was the debt incur                               | rred?          | Active 7/01/10   |           |        |
|       | Number Street City State Zlp Code                  | As of the date you file, th                           | ne claim is    | s: Check all that apply                                    |           |        |
|       | Who incurred the debt? Check one.                  | ☐ Contingent  |                |  |           |        |
|       | Debtor 1 only                                      | _   |                |  |           |        |
|       | ☐ Debtor 2 only                                    | ☐ Unliquidated  |                |  |           |        |
|       | ☐ Debtor 1 and Debtor 2 only                       | Disputed  |                |  |           |        |
|       | ☐ At least one of the debtors and another          | Type of NONPRIORITY u                                 | insecured      | ı cıaım:   |           |        |
|       | ☐ Check if this claim is for a community debt      | ☐ Student loans                                       |                |  |           |        |
|       | Is the claim subject to offset?                    | Obligations arising out not report as priority claims |                | ration agreement or divorce that you did                   |           |        |
|       | ■ No   | ☐ Debts to pension or pro                             | ofit-sharin    | g plans, and other similar debts                           |           |        |
|       | Yes  | Other. Specify  | Collect<br>And | tion Attorney People Gas Ligh                              | nt        |        |
| 4.13  | First Premier Bank                                 | Last 4 digits of account i                            | number         | 4109   | \$        | 458.00 |
|       | Priority Creditor's Name                           |   |                |  |           |        |

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Debtor 1 Angelique Herbert-Lynch

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Case number (if know)

|      | 601 S Minnesota Ave<br>Sioux Falls, SD 57104                               |   | Opened 5/19/10 Last<br>Active 8/09/10 |    |          |
|------|--|---|---------------------------------------|----|----------|
|      | Number Street City State Zlp Code  | As of the date you file, the claim is:                                | Check all that apply                  |    |          |
|      | Who incurred the debt? Check one.  | ☐ Contingent  |                                       |    |          |
|      | Debtor 1 only  | <u> </u>  |                                       |    |          |
|      | ☐ Debtor 2 only  | ☐ Unliquidated  |                                       |    |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |    |          |
|      | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured c                                       | laim:                                 |    |          |
|      | ☐ Check if this claim is for a community debt                              | ☐ Student loans   |                                       |    |          |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a separate not report as priority claims | ion agreement or divorce that you did |    |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing p                                | plans, and other similar debts        |    |          |
|      | Yes  | Other. Specify Credit C   | card                                  | _  |          |
| 4.14 | Illinois Collection Se   | Last 4 digits of account number                                       | 4568                                  | \$ | 179.00   |
|      | Priority Creditor's Name<br>8231 185th St Ste 100<br>Tinley Park, IL 60487 | When was the debt incurred?   | Opened 1/29/16                        |    |          |
|      | Number Street City State Zlp Code  | As of the date you file, the claim is:                                | Check all that apply                  |    |          |
|      | Who incurred the debt? Check one.  | ☐ Contingent  |                                       |    |          |
|      | ■ Debtor 1 only  |   |                                       |    |          |
|      | ☐ Debtor 2 only  | ☐ Unliquidated  |                                       |    |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |    |          |
|      | $\square$ At least one of the debtors and another                          | Type of NONPRIORITY unsecured c                                       | laim:                                 |    |          |
|      | ☐ Check if this claim is for a community debt                              | ☐ Student loans   |                                       |    |          |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a separate not report as priority claims | ion agreement or divorce that you did |    |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing p                                | plans, and other similar debts        |    |          |
|      | Yes  | Other. Specify Collecti   | on Attorney U Of I Dept Of Pedia      | _  |          |
| 4.15 | Illinois Tollway   | Last 4 digits of account number                                       |                                       | \$ | 1,000.00 |
|      | Priority Creditor's Name P.O. Box 5201 Lisle, IL 60532-5201                | When was the debt incurred?   |                                       |    |          |
|      | Number Street City State Zlp Code  | As of the date you file, the claim is:                                | Check all that apply                  |    |          |
|      | Who incurred the debt? Check one.  Debtor 1 only                           | ☐ Contingent  |                                       |    |          |
|      | Debtor 2 only  | ☐ Unliquidated  |                                       |    |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |    |          |
|      | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured c                                       | laim:                                 |    |          |
|      | ☐ Check if this claim is for a community debt                              | ☐ Student loans   |                                       |    |          |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a separate not report as priority claims | ion agreement or divorce that you did |    |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing p                                | plans, and other similar debts        |    |          |
|      | Yes  | Other. Specify  |                                       | _  |          |
| 4.16 | Merchants Assoc Coll D   | Last 4 digits of account number                                       | 9008                                  | \$ | 90.00    |

Document Page 23 of 50 Case number (if know) Debtor 1 Angelique Herbert-Lynch Priority Creditor's Name Opened 6/22/15 Last Po Box 173025 When was the debt incurred? Active 7/01/11 Tampa, FL 33672 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Attorney Ameren Illinois** Other. Specify 4.17 0.00 **Peoples Engy** 1986 Last 4 digits of account number \$ Priority Creditor's Name Opened 12/16/09 Last 200 East Randolph When was the debt incurred? Active 12/01/10 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Utility Company** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part2 did you list the original creditor? Name Address -NONE-Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total claim

|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00 |
|--------------|-----|---|-----|----|------|
| Total claims |     |   |     | _  |      |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$ | 0.00 |
|              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$ | 0.00 |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
|              |     |   |     | _  |      |

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#### Debtor 1 Angelique Herbert-Lynch

|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|--------------|-----|---|-----|-------------|-----------|
|              |     |   |     | Total Claim |           |
|              | 6f. | Student loans   | 6f. | \$          | 0.00      |
| Total claims |     |   |     |             |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          | 37,204.63 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 37,204.63 |

|   |                         | Ducume            | IIL FAU <del>C</del> 23 UI 30 |                      |
|---|-------------------------|-------------------|-------------------------------|----------------------|
| Fill in this infor                      | mation to identify your | case:             |                               |                      |
| Debtor 1                                | Angelique Herbe         | rt-Lynch          |                               |                      |
|   | First Name              | Middle Name       | Last Name                     |                      |
| Debtor 2                                |                         |                   |                               |                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                     |                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS                   |                      |
| Case number                             |                         |                   |                               |                      |
| (if known)                              |                         |                   |                               | ☐ Check if this is a |
|   |                         |                   |                               | amended filing       |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the or, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.3 | -         |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
|     |           |              |  |                   |   |

|                   |   | Docume                        | nt Page 26 d              | of 50   |                |
|-------------------|---|-------------------------------|---------------------------|---|----------------|
| Fill in this      | information to identify your  | case:                         |                           |   |                |
| Debtor 1          | Angelique Herbe   | rt-l vnch                     |                           |   |                |
|                   | First Name  | Middle Name                   | Last Name                 |   |                |
| Debtor 2          |   |                               |                           |   |                |
| (Spouse if, filin | ng) First Name  | Middle Name                   | Last Name                 |   |                |
| United Stat       | tes Bankruptcy Court for the:   | NORTHERN DISTRICT             | OF ILLINOIS               |   |                |
| Case numb         | ner   |                               |                           |   |                |
| (if known)        |   |                               |                           | ☐ Check if thi  | s is an        |
|                   |   |                               |                           | amended fi  | ling           |
| O((, )            | 1.5   |                               |                           |   |                |
|                   | Form 106H   |                               |                           |   |                |
| Sched             | ule H: Your Cod   | ebtors                        |                           |   | 12/15          |
| our name          | nd number the entries in the<br>and case number (if known)<br>you have any codebtors? (If | . Answer every question.      | _                         | to this page. On the top of any Additional Page as a codebtor   | ages, write    |
| 1. 00 )           | you have any codebiors: (II   | you are ming a joint case, t  | do not list either spouse | e as a codebior.  |                |
| ■ No              |   |                               |                           |   |                |
| ☐ Yes             |   |                               |                           |   |                |
|                   | nin the last 8 years, have you<br>a, California, Idaho, Louisiana                         |                               |                           | ry? (Community property states and territories ington, and Wisconsin.)  | include        |
|                   | Go to line 3.  Did your spouse, former spo  | use, or legal equivalent live | with you at the time?     |   |                |
| in line<br>Form   | 2 again as a codebtor only  | f that person is a guarant    | tor or cosigner. Make     | r if your spouse is filing with you. List the p<br>sure you have listed the creditor on Sched<br>06G). Use Schedule D, Schedule E/F, or Sch | ule D (Officia |
|                   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z                        | IP Code                       |                           | Column 2: The creditor to whom you ov<br>Check all schedules that apply:  | ve the debt    |
| 3.1               |   |                               |                           | ☐ Schedule D, line  |                |
|                   | Name  |                               |                           | ☐ Schedule E/F, line  |                |
|                   |   |                               |                           | ☐ Schedule G, line  |                |
|                   | Number Street<br>City   | State                         | ZIP Code                  | _   |                |
|                   |   |                               |                           |   |                |
| 3.2               |   |                               |                           | Schedule D, line  |                |
|                   | Name  |                               |                           | ☐ Schedule E/F, line  |                |
|                   |   |                               |                           | ☐ Schedule G, line  |                |
|                   | Number Street   |                               |                           | _   |                |
| ,                 | City  | State                         | 7ID Codo                  |   |                |

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| Fill               | in this information to identify your c   | ase:   |   |                    |              | 1                     |                          |                  |          |                             |                     |
|--------------------|--|--|---|--------------------|--------------|-----------------------|--------------------------|------------------|----------|-----------------------------|---------------------|
|                    |  | erbert-Lynch   |   |                    |              |                       |                          |                  |          |                             |                     |
|                    | otor 2   |  |   |                    |              |                       |                          |                  |          |                             |                     |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                                |                    |              |                       |                          |                  |          |                             |                     |
|                    | se number<br>  |  | -   |                    |              | □ A                   |                          | ed fili<br>ent s | howir    | ng postpetit<br>ollowing da | ion chapter<br>te:  |
| 0                  | fficial Form 106l  |  |   |                    |              | N                     | 1M / DD/ `               | YYY              | 7        |                             |                     |
| S                  | chedule I: Your Inc  | ome  |   |                    |              |                       |                          |                  |          |                             | 12/1                |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your<br>ith you, do not inclu | spouse<br>de infor | is li<br>mat | ving with<br>ion abou | n you, inc<br>It your sp | lude             | infor    | mation ab<br>ore space      | out your is needed, |
| 1.                 | Fill in your employment information.   |  | Debtor 1                                      |                    |              |                       | Debtor                   | 2 or             | non-f    | iling spous                 | se                  |
|                    | If you have more than one job,   | Employment status                                    | ■ Employed                                    |                    |              |                       | ☐ Emp                    | loyed            | l        |                             |                     |
|                    | attach a separate page with information about additional   | Employment status                                    | ☐ Not employed                                |                    |              |                       | □ Not e                  | emplo            | oyed     |                             |                     |
|                    | employers.   | Occupation   | CSR   |                    |              |                       |                          |                  |          |                             |                     |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                      | FTD   |                    |              |                       |                          |                  |          |                             |                     |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                   | 3113 Wood Cree<br>Downers Grove               |                    |              |                       |                          |                  |          |                             |                     |
|                    |  | How long employed t                                  | here?   |                    |              |                       |                          |                  |          |                             |                     |
| Par                | t 2: Give Details About Mor  | nthly Income   |   |                    |              |                       | _                        |                  |          |                             |                     |
|                    | mate monthly income as of the duse unless you are separated.   | •  | you have nothing to r                         | eport for          | any          | line, writ            | e \$0 in th              | e spa            | ace. Ir  | nclude your                 | non-filing          |
| If yo              | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   | ore than one employer, control this form.            | ombine the informatio                         | on for all         | emp          | loyers for            | that pers                | son o            | n the    | lines below                 | . If you need       |
|                    |  |  |   |                    |              | For Del               | otor 1                   |                  |          | btor 2 or<br>ing spouse     |                     |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |  |   | 2.                 | \$           |                       | 893.20                   | \$               |          | N/                          | <u>A</u>            |
| 3.                 | Estimate and list monthly overt  | ime pay.   |   | 3.                 | +\$          |                       | 0.00                     | +6               | <b>.</b> | N/                          | A                   |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                                       |   | 4.                 | \$           | 89                    | 93.20                    |                  | \$       | N/A                         |                     |

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| Debt | tor 1             | Angelique Herbert-Lynch   | _              | (   | Case number (if k | nown)        |                |                        |              |                 |
|------|-------------------|---|----------------|-----|-------------------|--------------|----------------|------------------------|--------------|-----------------|
|      |                   |   |                |     | For Debtor 1      |              |                | r Debtor<br>n-filing s |              |                 |
|      | Cop               | y line 4 here   | 4.             |     | \$ 89             | 3.20         | \$             |                        | N/A          | _               |
| 5.   | l ist             | all payroll deductions:   |                |     |                   |              |                |                        |              |                 |
| 0.   | 5a.               | Tax, Medicare, and Social Security deductions   | 5a             | a   | \$ 10             | 8.36         | \$             |                        | N/A          |                 |
|      | 5b.               | Mandatory contributions for retirement plans  | 5b             |     |                   | 0.00         | \$-            |                        | N/A          | _               |
|      | 5c.               | Voluntary contributions for retirement plans  | 50             |     | ·                 | 0.00         | \$             |                        | N/A          | _               |
|      | 5d.               | Required repayments of retirement fund loans  | 50             | d.  |                   | 0.00         | \$             |                        | N/A          | _               |
|      | 5e.               | Insurance   | 5e             | €.  | \$                | 0.00         | \$             |                        | N/A          | <u> </u>        |
|      | 5f.               | Domestic support obligations  | 5f.            |     |                   | 0.00         | \$_            |                        | N/A          | _               |
|      | 5g.               | Union dues  | 5g             |     |                   | 0.00         | \$_            |                        | N/A          | _               |
|      | 5h.               | Other deductions. Specify:  | 5h             | 1.+ |                   | 0.00         | + \$_          |                        | N/A          | 1               |
| 6.   | Add               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             |     |                   | 8.36         | \$_            |                        | N/A          | <u> </u>        |
| 7.   | Cald              | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             |     | \$ 78             | 4.84         | \$_            |                        | N/A          | <u> </u>        |
| 8.   | List<br>8a.       | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                |     |                   |              |                |                        |              |                 |
|      |                   | monthly net income.   | 8a             | ā.  |                   | 0.00         | \$_            |                        | N/A          | <u>.</u>        |
|      | 8b.               | Interest and dividends  | 8b             | ).  | \$                | 0.00         | \$_            |                        | N/A          | <u> </u>        |
|      | 8c.<br>8d.        | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 80<br>80       |     | \$                | 0.00         | \$<br>_<br>\$_ |                        | N/A<br>N/A   | _               |
|      | 8e.               | Social Security   | 8e             | €.  | \$                | 0.00         | \$_            |                        | N/A          | <u>.</u>        |
|      | 8f.<br>8g.        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Illinois Link Snap Benefits  Pension or retirement income | e<br>8f.<br>8g |     |                   | 1.00<br>0.00 | \$_<br>\$      |                        | N/A<br>N/A   | _               |
|      | 8h.               | Other monthly income. Specify:  | -              | ).+ | ·                 | 0.00         |                |                        | N/A          | _               |
|      |                   | •   |                |     |                   |              |                |                        |              | _               |
| 9.   | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             | \$  | \$ 48             | 1.00         | \$_            |                        | N/           | A               |
| 10.  | Cald              | culate monthly income. Add line 7 + line 9.   | 10.            | \$  | 1,265.84          | + \$         |                | N/A                    | = \$         | 1,265.84        |
|      | Add               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                |     | ,                 | 1 L          |                |                        |              | ,               |
| 11.  | Incluothe<br>Do r | te all other regular contributions to the expenses that you list in Schedul ade contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no cify:   | ır dep         |     |                   |              | •              | Schedul                | le J.<br>+\$ | 0.00            |
| 12.  |                   | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certiles  |                |     |                   |              |                |                        | \$Combi      | 1,265.84<br>ned |
|      | _                 |   | _              |     |                   |              |                |                        | month        | ly income       |
| 13.  | Do y  ■           | you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:   | n?<br>         |     |                   |              |                |                        |              |                 |

| Fill       | in this information to identify your case:  |                                       |   |             |   |   |
|------------|---|---------------------------------------|---|-------------|---|---|
| Deb        | Angelique Herbert-Lyncl   | h                                     |   | Che         | ck if this is:  |   |
| 1          | otor 2 ouse, if filing)   |                                       |   |             | An amended filing<br>A supplement show<br>13 expenses as of | wing postpetition chapter the following date: |
| ``         | ted States Bankruptcy Court for the: NORTHER  | N DISTRICT OF ILLING                  | nis                                     |             | MM / DD / YYYY  |   |
|            |   | IV DIOTRIOT OF ILLIN                  |   |             | WIWI / DD / TTTT  |   |
|            | nown)   |                                       |   |             |   |   |
|            | fficial Form 106J   |                                       |   |             |   |   |
|            | chedule J: Your Expense   |                                       |   |             |   | 12/15   |
| info       | as complete and accurate as possible. If to promation. If more space is needed, attach amber (if known). Answer every question. |                                       |   |             |   |   |
| Par        |   |                                       |   |             |   |   |
| 1.         | Is this a joint case?   |                                       |   |             |   |   |
|            | ■ No. Go to line 2.  ☐ Yes. <b>Does Debtor 2 live in a separate</b>   | household?                            |   |             |   |   |
|            | □ No  |                                       |   |             |   |   |
|            | ☐ Yes. Debtor 2 must file Official F  | Form 106J-2, Expenses                 | for Separate House                      | ehold of De | btor 2.   |   |
| 2.         | Do you have dependents? ■ No  |                                       |   |             |   |   |
|            | 20 1.01 1.01 2 00101 1  | out this information for ch dependent | Dependent's relation Debtor 1 or Debtor |             | Dependent's age   | Does dependent live with you?                 |
|            | Do not state the  |                                       |   |             |   | □ No  |
|            | dependents names.   |                                       |   |             |   | ☐ Yes<br>☐ No                                 |
|            |   |                                       |   |             |   | ☐ Yes   |
|            |   |                                       |   |             |   | □ No  |
|            |   |                                       |   |             |   | □ Yes<br>□ No                                 |
|            |   |                                       |   |             |   | ☐ Yes   |
| 3.         | Do your expenses include expenses of people other than  |                                       |   |             |   |   |
|            | yourself and your dependents?   | S                                     |   |             |   |   |
| Par        | rt 2: Estimate Your Ongoing Monthly E   | xpenses                               |   |             |   |   |
| Est<br>exp | timate your expenses as of your bankrupto<br>benses as of a date after the bankruptcy is<br>olicable date.                      | cy filing date unless y               |   |             |   |   |
| the        | elude expenses paid for with non-cash gover value of such assistance and have includ  |                                       |   |             | Your exp  | enses   |
| (On        | ficial Form 106l.)  |                                       |   |             |   |   |
| 4.         | The rental or home ownership expenses payments and any rent for the ground or lot   | •                                     | nclude first mortgage                   | e<br>4.     | \$  | 0.00  |
|            | If not included in line 4:  |                                       |   |             |   |   |
|            | 4a. Real estate taxes   |                                       |   | 4a.         | \$  | 0.00  |
|            | 4b. Property, homeowner's, or renter's in   |                                       |   | 4b.         |   | 0.00  |
|            | <ul><li>4c. Home maintenance, repair, and upke</li><li>4d. Homeowner's association or condom</li></ul>                          |                                       |   | 4c.<br>4d.  |   | 0.00<br>0.00                                  |
| 5          | Additional mortgage payments for your   |                                       | me equity loans                         | -a.<br>5.   | ·   | 0.00  |

| Deb | tor 1   | Angeliqu       | ıe Herbert-Lynch  |                                       | Case numl | ber (if known)    |                          |
|-----|---------|----------------|---|---------------------------------------|-----------|-------------------|--------------------------|
| 6.  | Utiliti | ies:           |   |                                       |           |                   |                          |
| 0.  | 6a.     |                | heat, natural gas   |                                       | 6a.       | \$                | 80.00                    |
|     | 6b.     | •              | ver, garbage collection   |                                       | 6b.       |                   | 0.00                     |
|     | 6c.     |                | e, cell phone, Internet, satellite, and cable                               | services                              | 6c.       |                   | 158.00                   |
|     | 6d.     | Other. Spe     | • •   | 7 001 11000                           | 6d.       | ·                 | 0.00                     |
| 7.  |         | •              | ekeeping supplies   |                                       | - 7.      | \$                | 402.96                   |
| 8.  |         |                | hildren's education costs   |                                       | 8.        | \$                | 67.00                    |
| 9.  |         |                | ry, and dry cleaning  |                                       | 9.        | \$                | 120.00                   |
|     |         |                | roducts and services  |                                       | 10.       | · ·               | 100.00                   |
|     |         | •              | ntal expenses   |                                       | 11.       | ·                 | 0.00                     |
|     |         |                | Include gas, maintenance, bus or train f                                    | aro                                   | 11.       | Ψ                 | 0.00                     |
| 12. |         |                | ar payments.  | are.                                  | 12.       | \$                | 190.00                   |
| 13. |         |                | clubs, recreation, newspapers, magaz  | ines, and books                       | 13.       | \$                | 0.00                     |
| 14. |         |                | ributions and religious donations   |                                       | 14.       | ·                 | 0.00                     |
|     |         | rance.         | insulation and rongious demanding   |                                       |           | ·                 | 0.00                     |
|     |         |                | surance deducted from your pay or inclu                                     | ded in lines 4 or 20.                 |           |                   |                          |
|     |         | Life insura    |   |                                       | 15a.      | \$                | 0.00                     |
|     | 15b.    | Health ins     | urance  |                                       | 15b.      | \$                | 0.00                     |
|     | 15c.    | Vehicle ins    | surance   |                                       | 15c.      | \$                | 38.00                    |
|     | 15d.    | Other insu     | rance. Specify:   |                                       | 15d.      | \$                | 0.00                     |
| 16. |         |                | clude taxes deducted from your pay or in                                    | cluded in lines 4 or 20.              | _         | · —               |                          |
|     | Spec    |                | , , , , , ,   |                                       | 16.       | \$                | 0.00                     |
| 17. |         |                | ease payments:  |                                       |           |                   |                          |
|     |         |                | ents for Vehicle 1  |                                       | 17a.      | \$                | 0.00                     |
|     | 17b.    | Car payme      | ents for Vehicle 2  |                                       | 17b.      | \$                | 0.00                     |
|     | 17c.    | Other. Spe     | ecify:  |                                       | 17c.      | \$                | 0.00                     |
|     |         | Other. Spe     |   |                                       | 17d.      | \$                | 0.00                     |
| 18. |         |                | of alimony, maintenance, and suppor   | t that you did not report as          |           |                   |                          |
|     |         |                | your pay on line 5, Schedule I, Your In                                     |                                       | 18.       | \$                | 0.00                     |
| 19. | Othe    | er payments    | you make to support others who do   | not live with you.                    |           | \$                | 0.00                     |
|     | Spec    | ify:           |   |                                       | 19.       |                   |                          |
| 20. |         |                | erty expenses not included in lines 4 of                                    | or 5 of this form or on <i>Sch</i> ed |           |                   |                          |
|     | 20a.    | Mortgages      | on other property   |                                       | 20a.      |                   | 0.00                     |
|     | 20b.    | Real estat     | e taxes   |                                       | 20b.      | \$                | 0.00                     |
|     |         |                | nomeowner's, or renter's insurance  |                                       | 20c.      | \$                | 0.00                     |
|     | 20d.    | Maintenan      | ce, repair, and upkeep expenses   |                                       | 20d.      | \$                | 0.00                     |
|     | 20e.    | Homeown        | er's association or condominium dues  |                                       | 20e.      | \$                | 0.00                     |
| 21. | Othe    | r: Specify:    | Gym Membership  |                                       | 21.       | +\$               | 20.00                    |
| 00  | 0-1     |                |   |                                       | _         |                   |                          |
| 22. |         | -              | nonthly expenses  |                                       |           |                   | 4.4== 00                 |
|     |         |                | through 21.   |                                       |           | \$                | 1,175.96                 |
|     | 22b.    | Copy line 2:   | 2 (monthly expenses for Debtor 2), if any                                   | , from Official Form 106J-2           |           | \$                |                          |
|     | 22c. /  | Add line 22    | a and 22b. The result is your monthly ex                                    | penses.                               |           | \$                | 1,175.96                 |
| 22  | Cala    |                | monthly not income  |                                       |           |                   |                          |
| 23. |         |                | <b>monthly net income.</b><br>12 <i>(your combined monthly income)</i> from | Sahadula I                            | 220       | ¢                 | 4 265 84                 |
|     |         |                | ,   | Scriedule I.                          | 23a.      | ·                 | 1,265.84                 |
|     | 23D.    | Copy your      | monthly expenses from line 22c above.                                       |                                       | 23b.      | -\$               | 1,175.96                 |
|     | 230     | Subtract v     | our monthly expenses from your monthly                                      | rincomo                               |           |                   |                          |
|     | ∠3C.    |                | our monthly expenses from your monthly is your <i>monthly net income</i> .  | HICOHIE.                              | 23c.      | \$                | 89.88                    |
|     |         | me result      | is your monuny neumoune.  |                                       | _50.      | <u> </u>          |                          |
| 24. | Do vo   | ou expect a    | an increase or decrease in your expen                                       | ses within the year after you         | file this | s form?           |                          |
|     | For ex  | xample, do yo  | u expect to finish paying for your car loan withir                          | the year or do you expect your mo     | rtgage pa | yment to increase | or decrease because of a |
|     | modifi  | ication to the | terms of your mortgage?   | • •                                   |           |                   |                          |
|     | ■ No    | 0.             |   |                                       |           |                   |                          |
|     | □Y€     | es.            | Explain here:   |                                       |           |                   |                          |

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|                                     | mation to identify your                           |                          |  |  |                                      |
|-------------------------------------|---|--------------------------|--|--|--------------------------------------|
| Debtor 1                            | Angelique Herbei                                  |                          |  |  |                                      |
|                                     | First Name  | Middle Name              | Last Name  |  |                                      |
| Debtor 2<br>(Spouse if, filing)     | First Name  | Middle Name              | Last Name  |  |                                      |
|                                     | ankruptcy Court for the:                          | NORTHERN DISTRICT        | OF ILLINOIS  |  |                                      |
| Case number (if known)              |   |                          |  |  | ☐ Check if this is an amended filing |
| Official For                        | m 106Dec  |                          |  |  |                                      |
| Declarat                            | tion About a                                      | n Individual             | <b>Debtor's Sched</b>  | lules  | 12/15                                |
| obtaining mone<br>years, or both. 1 |   | n connection with a bank | or amended schedules. Makir<br>ruptcy case can result in fines |  |                                      |
| Did you pa                          | ny or agree to pay some                           | one who is NOT an attori | ney to help you fill out bankrup                               | otcy forms?                                    |                                      |
| ■ No                                |   |                          |  |  |                                      |
| ☐ Yes.                              | Name of person                                    |                          |  | nkruptcy Petition Pre<br>ure (Official Form 11 | eparer's Notice, Declaration,<br>9). |
|                                     | alty of perjury, I declare<br>e true and correct. | that I have read the sum | mary and schedules filed with                                  | this declaration and                           | d                                    |
| X /s/ Ang                           | gelique Herbert-Lync                              | h                        | X  |  |                                      |
| Angeli                              | ique Herbert-Lynch                                |                          | Signature of Debtor  | 2  |                                      |

Date

Signature of Debtor 1

Date March 29, 2016

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| Fill               | in this info                         | rmation to identify you                        | r case:  |  |  |                                    |
|--------------------|--------------------------------------|--|--|--|--|------------------------------------|
| Del                | otor 1                               | Angelique Herbe                                | ert-Lynch  |  |  |                                    |
| D - I              |                                      | First Name                                     | Middle Name  | Last Name  |  |                                    |
|                    | otor 2<br>ouse if, filing)           | First Name                                     | Middle Name  | Last Name  |  |                                    |
| Uni                | ted States B                         | sankruptcy Court for the:                      | NORTHERN DISTRICT                                    | OF ILLINOIS  |  |                                    |
|                    | se number<br>nown)                   |  |  |  |  | Check if this is an amended filing |
| Sta<br>Be a        | atemen<br>as complete<br>rmation. If | and accurate as possi<br>more space is needed, | ble. If two married people attach a separate sheet t | duals Filing for B<br>are filing together, both are<br>this form. On the top of ar                   | e equally responsible for s                |                                    |
|                    |                                      | wn). Answer every ques  Details About Your Ma  | stion.<br>rital Status and Where Yo                  | ou Lived Before  |  |                                    |
| l <b>.</b>         | What is yo                           | ur current marital statu                       | s?   |  |  |                                    |
|                    | ☐ Marrie                             |  |  |  |  |                                    |
| 2.                 | During the                           | last 3 years, have you                         | lived anywhere other that                            | n where you live now?  |  |                                    |
|                    | ■ No □ Yes. L                        | ist all of the places you l                    | ived in the last 3 years. Do                         | not include where you live no  | N.   |                                    |
|                    | Debtor 1 F                           | Prior Address:                                 | Dates Debtor lived there                             | 1 Debtor 2 Prior Ac  | ldress:                                    | Dates Debtor 2<br>lived there      |
| <b>3.</b><br>state |                                      |  |  | egal equivalent in a commu<br>levada, New Mexico, Puerto R   |  |                                    |
|                    | ■ No □ Yes. N                        | Make sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (                           | Official Form 106H).   |  |                                    |
| Par                | rt 2 Expl                            | ain the Sources of You                         | r Income   |  |  |                                    |
| 1.                 | Fill in the to                       | otal amount of income yo                       | u received from all jobs and                         | ing a business during this y<br>d all businesses, including par<br>ive together, list it only once u | t-time activities.                         | lendar years?                      |
|                    | ■ No □ Yes. F                        | ill in the details.                            |  |  |  |                                    |
|                    |                                      |  | Debtor 1   |  | Debtor 2                                   |                                    |
|                    |                                      |  | Sources of income<br>Check all that apply.           | Gross income (before deductions and  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions |

Case 16-10663 Doc 1 Filed 03/29/16 Entered 03/29/16 13:01:20 Desc Main Document Page 33 of 50 Case number (if known) Debtor 1 **Angelique Herbert-Lynch** Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. П Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions (before deductions and Describe below. exclusions) and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to

an attorney for this bankruptcy case.

**Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partners; partners; partners, partne corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Yes. List all payments to an insider

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

Yes. List all payments to an insider

Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you paid still owe Include creditor's name

Page 34 of 50 Case number (if known) Debtor 1 Angelique Herbert-Lynch

| Pai | t 4: Identify Legal Actions, Repossessi  | ons, and Foreclosures   |                               |                         |                           |  |  |
|-----|--|---|-------------------------------|-------------------------|---------------------------|--|--|
| 9.  | Within 1 year before you filed for bankru<br>List all such matters, including personal injumodifications, and contract disputes.   |   |                               |                         |                           |  |  |
|     | No   |   |                               |                         |                           |  |  |
|     | Yes. Fill in the details.  Case title  | Nature of the case  | Court or agency               | Status of th            | 00.0350                   |  |  |
|     | Case number  | Nature of the case  | Court or agency               | Status of th            | ic case                   |  |  |
| 10. | Within 1 year before you filed for bankru<br>Check all that apply and fill in the details be   |   | erty repossessed, foreclose   | ed, garnished, attached | d, seized, or levied?     |  |  |
|     | <ul><li>No</li><li>☐ Yes. Fill in the information below.</li></ul>   |   |                               |                         |                           |  |  |
|     | Creditor Name and Address  | Describe the Property   |                               | Date                    | Value of the              |  |  |
|     |  | Explain what happene  | d                             | pro                     |                           |  |  |
|     |  |   |                               |                         |                           |  |  |
| 11. | Within 90 days before you filed for banks accounts or refuse to make a payment b   |   | cluding a bank or financial i | nstitution, set off any | amounts from your         |  |  |
|     | Yes. Fill in the details.  |   |                               |                         |                           |  |  |
|     | Creditor Name and Address  | Describe the action the   | e creditor took               | Date action was taken   | Amount                    |  |  |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, or □ No □ Yes   |   | erty in the possession of ar  | assignee for the ben    | efit of creditors, a      |  |  |
| Pai | t 5: List Certain Gifts and Contribution   | s   |                               |                         |                           |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift. |   |                               |                         |                           |  |  |
|     | Gifts with a total value of more than \$60   | 0 Describe the gifts  |                               | Dates you gave          | Value                     |  |  |
|     | per person   |   |                               | the gifts               |                           |  |  |
|     | Person to Whom You Gave the Gift and Address:  |   |                               |                         |                           |  |  |
| 14. | Within 2 years before you filed for bankr  |   | ts or contributions with a to | tal value of more than  | \$600 to any charity      |  |  |
|     | Yes. Fill in the details for each gift or c<br>Gifts or contributions to charities that  |   | u contributed                 | Dates you               | Value                     |  |  |
|     | more than \$600<br>Charity's Name  | otal Describe what you  | u contributeu                 | contributed             | value                     |  |  |
|     | Address (Number, Street, City, State and ZIP Code  | )   |                               |                         |                           |  |  |
| Pai | t 6: List Certain Losses   |   |                               |                         |                           |  |  |
| 15. | Within 1 year before you filed for bankru disaster, or gambling?   | ptcy or since you filed for I   | bankruptcy, did you lose an   | ything because of the   | ft, fire, other           |  |  |
|     | ■ No   |   |                               |                         |                           |  |  |
|     | ☐ Yes. Fill in the details.  |   |                               |                         |                           |  |  |
|     | Describe the property you lost and how the loss occurred   | Describe any insurance of Include the amount that insupending insurance claims of Property. | urance has paid. List         | Date of your loss       | Value of property<br>lost |  |  |

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Part 7: List Certain Payments or Transfers

| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.   |   |                                 |   |   |                        |  |  |  |
|-----|---|---|---------------------------------|---|---|------------------------|--|--|--|
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>  |   |                                 |   |   |                        |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and transferred                       | value of any prope              | erty  | Date payment or transfer was made             | Amount of payment      |  |  |  |
|     | Fernandez & Associates<br>108 Madison<br>Oak Park, IL 60302   |   |                                 |   | 3/24/16                                       | \$500.00               |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you  No Yes. Fill in the details.   | s or to make paymen                               |                                 |   | or transfer any prope                         | erty to anyone who     |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and transferred                       | value of any prope              | erty  | Date payment<br>or transfer was<br>made       | Amount of payment      |  |  |  |
|     | Within 2 years before you filed for bankruptor transferred in the ordinary course of your bust Include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.  | siness or financial af<br>de as security (such as | fairs?<br>s the granting of a s |   |   |                        |  |  |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   |   |                                 | any property or received or debts change            | Date transfer was made                        |                        |  |  |  |
| 19. | Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.   |   | ny property to a se             | elf-settled tru                                     | ust or similar device                         | of which you are a     |  |  |  |
|     | Name of trust   | Description and                                   | value of the prope              | erty transferr                                      | ed  | Date Transfer was made |  |  |  |
| Par | List of Certain Financial Accounts, Inst  | ruments, Safe Depos                               | it Boxes, and Stor              | age Units   |   |                        |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details. |   |                                 |   |   |                        |  |  |  |
|     | Name of Financial Institution and   | ccount number instrument clo                      |                                 | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |                        |  |  |  |
|     |   |   |                                 |   |   |                        |  |  |  |

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| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? |  |   |                       |  |  |  |
|-----|--|--|---|-----------------------|--|--|--|
|     | ■ No   |  |   |                       |  |  |  |
|     | Yes. Fill in the details.  |  |   |                       |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the contents                   | Do you still have it? |  |  |  |
| 22. | Have you stored property in a storage unit or pl  No   | ace other than your home within 1  | year before you filed for bankruptcy    |                       |  |  |  |
|     | Yes. Fill in the details.  |  |   |                       |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                   | Do you still have it? |  |  |  |
| Par | t 9: Identify Property You Hold or Control for   | Someone Else   |   |                       |  |  |  |
| 23. | Do you hold or control any property that someofor someone.   | one else owns? Include any propert   | y you borrowed from, are storing for    | , or hold in trust    |  |  |  |
|     | ■ No   |  |   |                       |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |   |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                   | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Informa   | ation  |   |                       |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:   |   |                       |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul                   | ir, land, soil, surface water, ground  | • |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | defined under any environmental la   | aw, whether you now own, operate,       | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ   | mental law defines as a hazardous  | waste, hazardous substance, toxic       | substance,            |  |  |  |
| D   | hazardous material, pollutant, contaminant, or   |  | th are a command                        |                       |  |  |  |
| •   | ort all notices, releases, and proceedings that yo   | , •  | •                                       | antal law?            |  |  |  |
| 24. | Has any governmental unit notified you that you  | I may be hable or potentially hable  | under or in violation of an environm    | entai iaw ?           |  |  |  |
|     | No   |  |   |                       |  |  |  |
|     | Yes. Fill in the details.  |  |   |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)                 | Environmental law, if you know it       | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?   |   |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |                       |  |  |  |
|     | _ room in an area dotailer   | Governmental unit  | Environmental law if you                | Date of notice        |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Address (Number, Street, City, State and ZIP Code)                                   | Environmental law, if you know it       | Date of notice        |  |  |  |

Document Page 37 of 50 Debtor 1 Angelique Herbert-Lynch Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Angelique Herbert-Lynch Signature of Debtor 2 **Angelique Herbert-Lynch** Signature of Debtor 1 Date March 29, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received , \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$78.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: March 29, 2016                    | 11   |
|---|--|
| Signed:                                 |  |
| /s/ Angelique Herbert-Lynch             | /s/ Bennie W Fernandez                         |
| Angelique Herbert-Lynch                 | Bennie W Fernandez                             |
|   | Attorney for the Debtor(s)                     |
| Debtor(s)                               |  |
| Do not sign this agreement if the amoun | ts are blank. <b>Local Bankruptcy Form 23c</b> |

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| In r | e Angelique Herb                                 | ert-Lynch   |                                      | Case No.             |                         |              |
|------|--|---|--------------------------------------|----------------------|-------------------------|--------------|
|      |  |   | Debtor(s)                            | Chapter              | 13                      |              |
|      |  | CLOSURE OF COMPENSA   |                                      |                      | , ,                     |              |
| 1.   | compensation paid to r                           | § 329(a) and Fed. Bankr. P. 2016(b), I me within one year before the filing of to the debtor(s) in contemplation of or it                         | he petition in bankruptcy            | or agreed to be paid | to me, for services rer |              |
|      | For legal services                               | , I have agreed to accept   |                                      | \$                   | 4,000.00                |              |
|      | Prior to the filing                              | of this statement I have received   |                                      | \$                   | 500.00                  |              |
|      | Balance Due                                      |   |                                      | \$                   | 3,500.00                |              |
| 2.   | The source of the comp                           | pensation paid to me was:   |                                      |                      |                         |              |
|      | Debtor   | ☐ Other (specify):  |                                      |                      |                         |              |
| 3.   | The source of compens                            | sation to be paid to me is:   |                                      |                      |                         |              |
|      | ■ Debtor   | ☐ Other (specify):  |                                      |                      |                         |              |
| 4.   | ■ I have not agreed t                            | o share the above-disclosed compensati  | ion with any other person            | unless they are mem  | bers and associates of  | my law firm. |
|      |  | are the above-disclosed compensation vent, together with a list of the names of   |                                      |                      |                         | w firm. A    |
| 5.   | In return for the above                          | e-disclosed fee, I have agreed to render  | legal service for all aspect         | s of the bankruptcy  | case, including:        |              |
|      | b. Preparation and fili                          | tor's financial situation, and rendering a<br>ng of any petition, schedules, statement<br>he debtor at the meeting of creditors and<br>is needed] | t of affairs and plan which          | may be required;     | -                       | uptcy;       |
| 6.   | By agreement with the                            | debtor(s), the above-disclosed fee does   | s not include the following          | g service:           |                         |              |
|      |  | CE  | ERTIFICATION                         |                      |                         |              |
| this | I certify that the forego bankruptcy proceeding. | ing is a complete statement of any agre   | ement or arrangement for             | payment to me for r  | epresentation of the de | btor(s) in   |
| ١,   | March 29, 2016                                   |   | /s/ Bennie W Fer                     | nandez               |                         |              |
| _    | Date   |   | Bennie W Fernar                      | idez                 |                         |              |
|      |  |   | Signature of Attorne Fernandez & Ass | •                    |                         |              |
|      |  |   | 108 Madison                          |                      |                         |              |
|      |  |   | Oak Park, IL 6030                    |                      |                         |              |
|      |  |   | 708-386-1812 Fa                      |                      |                         |              |
|      |  |   | Name of law firm                     | j                    |                         |              |

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# **United States Bankruptcy Court Northern District of Illinois**

|       |   | Northern District of Inhiois                        |                  |                           |
|-------|---|---|------------------|---------------------------|
| In re | Angelique Herbert-Lynch                       |   | Case No.         |                           |
|       |   | Debtor(s)   | Chapter          | 13                        |
|       | VER   | IFICATION OF CREDITOR MA                            | ATRIX            |                           |
|       |   | Number of C   | Creditors:       | 17                        |
|       | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of creditor            | rs is true and o | correct to the best of my |
| Date: | March 29, 2016                                | /s/ Angelique Herbert-Lynch Angelique Herbert-Lynch |                  |                           |

Accelerated Financial 39 Monette Pkwy Smithfield, VA 23430

American Access Casualty Company 1S450 Summit Ave Suite 230 Villa Park, IL 60181

Cci Contract Callers I 501 Green St 3rd F Augusta, GA 30901

City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680-1292

City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680-1292

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Dept Of Ed/Navient Po Box 9635 Wilkes Barre, PA 18773

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Dept Of Ed/Navient Po Box 9635 Wilkes Barre, PA 18773

Dept Of Ed/Navient Po Box 9635 Wilkes Barre, PA 18773 Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Illinois Tollway P.O. Box 5201 Lisle, IL 60532-5201

Merchants Assoc Coll D Po Box 173025 Tampa, FL 33672

Peoples Engy 200 East Randolph Chicago, IL 60601